

2008/04/30	IKEDA/AKIDHR	0804282	航空券運賃	1,080,300	0	航空印紙代	1800
2008/05/04	(株) エアポート	1199	空港施設料	2,040	0	本社代	90099
	C0005-4639824756	84924	税	45,400	0	非本社代	008685
			値引き	-84,924	0	その他航空券	
ITH(JL*Y)NRT(CO*J)HOU(CO*J)NRT(JL*Y)ITH					0		
				1,202,286	0		47,077,832

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Currency Converter

English

Currency I Have:

Japanese Yen

JPY

AMOUNT:

1,042,816

I have this much to exchange

Currency I Want:

US Dollar

USD

AMOUNT:

10,022.0

I want to buy something at this price

[HIDE DETAILS](#)

DATE: (MM/DD/YYYY) 04/30/2008

RATE: Interbank rate

Market Rates

JPY/USD for the 24-hour period ending Tuesday, April 29, 2008 22:00 UTC

	Bid	Ask	
	Sell 1 JPY	Buy 1 JPY	0.0111
MIN	0.00958	0.00958	0.0111
AVG	0.00961	0.00961	0.0110
MAX	0.00969	0.00969	0.0109
			0.0108
			0.0107

These values represent the daily average of the Bid and Ask rates OANDA receives from many data sources.

Recent Trends

JPY/USD average daily bid prices

May 11	May 16	May 21	May 26	May 31	Jun 5	Jun 10
30 days	60 days	90 days				

JPY/USD Details

JPY/USD for the 24-hour period ending Tuesday, April 29, 2008 22:00 UTC @ Interbank rate

Selling 1,042,820 JPY	you get 10,022.0 USD
Buying 1,042,820 JPY	you pay 10,023.7 USD
Selling 10,022.0 USD	you get 1,042,640 JPY
Buying 10,022.0 USD	you pay 1,042,820 JPY

Currency Converter

FXConverter is a multilingual currency converter for over 164 currencies and 3 metals. It uses daily OANDA Rates®, the touchstone foreign exchange rates used by corporations, tax authorities, auditing firms, and financial institutions. These filtered rates are based on information supplied by leading market data contributors.

Note: The Interbank rate shown by this tool is seldom available to the general public. To avoid disappointment, choose a percentage add-on from the rate list to approximate the actual rate charged by your financial institution.

DID YOU KNOW YOU CAN?

- Type in currency symbols, names or countries to select your currency.
- See currencies which are now obsolete. They are marked by an asterisk (*).

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Symptoms

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US Dollar Will

Skyrocket

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0030204

INVOICE

6/17/2008 6 48 48

THAING02

COMPANY : 001 NINTENDO OF AMERICA INC.
 SESSION : 0074986 REFERENCE : EXP DP ACCTG PERIOD : 03 - 2009

VENDOR NAME FACTOR	INTERNAL ID INVOICE NUMBER	INV DATE DUE DATE	APPROVE ROUTE	ADDR TERMS	INV TYP	SEP PAY PYM TYP	INVOICE AMOUNT
Jacqualee Story	001 - 090302048	6/09/2008	TKIMISHI-5	REMIT		0	1,606 94 USD
1000 DIRECT DEPOSIT	EXP05/04-14/08	6/10/2008	EXP	01	1	51	

ACCOUNT	USE TAX	PO/LINE	TYPE	AM#	PRJ/PROFRT	DIST AMT
21 001-1000-75020 Lodging						1,570 70
21 001-1000-75030 Meals						2 00
21 001-1000-75080 Other Travel Expenses						3 94
21 001-1000-75070 Mileage Reimbursement						30 30

*** NO INVOICE ERRORS DETECTED ***

c4

(Rev 12/21/07)

STORY, JACQUALEE LUFKIN, TX 75904	name address	room number arrival date departure date adult/child room rate	211/KXTY 05/04/08 4:36PM 05/14/08 8:49AM 1/0 139.00
If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution		RATE PLAN LVO HH# AL# CAR:	
CONFIRMATION NUMBER : 88360394 05/14/08 PAGE 1		Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. I have requested weekday delivery of USA TODAY. If refused, a credit of \$ 75 will be applied to my account. In the event of an emergency, I, or someone in my party, require special evacuation due to a physical disability. Please indicate yes by checking here <input type="checkbox"/>	
		signature:	

date	reference	description	amount
05/04/08	411569	SUITE SHOP - SUNDRY	\$0 92
05/04/08	411569	TAXES	\$0.08
05/04/08	411596	GUEST ROOM	\$139.00
05/04/08	411596	STATE TAX	\$8.34
05/04/08	411596	OCCUPANCY TAX	\$9.73
05/05/08	411733	GUEST ROOM	\$139 00
05/05/08	411733	STATE TAX	\$8 34
05/05/08	411733	OCCUPANCY TAX	\$9 73
05/06/08	411912	GUEST ROOM	\$139 00
05/06/08	411912	STATE TAX	\$8 34
05/06/08	411912	OCCUPANCY TAX	\$9 73
05/07/08	412030	SUITE SHOP - SUNDRY	\$0 92
05/07/08	412030	TAXES	\$0 08
05/07/08	412077	GUEST ROOM	\$139 00
05/07/08	412077	STATE TAX	\$8 34
05/07/08	412077	OCCUPANCY TAX	\$9.73
05/08/08	412242	GUEST ROOM	\$139.00
05/08/08	412242	STATE TAX	\$8.34
05/08/08	412242	OCCUPANCY TAX	\$9.73
05/09/08	412424	GUEST ROOM	\$139 00
05/09/08	412424	STATE TAX	\$8 34
05/09/08	412424	OCCUPANCY TAX	\$9.73

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account no	date of charge	folio/check no
		114460 A
card member name	authorization	initial
establishment no and location	purchases & services	
	taxes	
	tips & misc	
signature of card member	total amount	
X		0 00

STORY, JACQUALEE X LUFKIN, TX 75904	name address	room number arrival date departure date adult/child room rate	211/KXTY 05/04/08 4:36PM 05/14/08 8:49AM 1/0 139.00
If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution		RATE PLAN LVO HH# AL: CAR:	
CONFIRMATION NUMBER : 88360394 05/14/08 PAGE 2		Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. I have requested weekday delivery of USA TODAY. If refused, a credit of \$ 75 will be applied to my account. In the event of an emergency, I, or someone in my party, require special evacuation due to a physical disability. Please indicate yes by checking here <input type="checkbox"/>	
		signature:	

date	reference	description	amount
05/10/08	412612	GUEST ROOM	\$139.00
05/10/08	412612	STATE TAX	\$8.34
05/10/08	412612	OCCUPANCY TAX	\$9.73
05/11/08	412753	GUEST ROOM	\$139.00
05/11/08	412753	STATE TAX	\$8.34
05/11/08	412753	OCCUPANCY TAX	\$9.73
05/12/08	412857	EXT #211 4252285245 000.7 18:38	\$3.94 - 3.94
05/12/08	412898	GUEST ROOM	\$139.00
05/12/08	412898	STATE TAX	\$8.34
05/12/08	412898	OCCUPANCY TAX	\$9.73
05/13/08	413103	GUEST ROOM	\$139.00
05/13/08	413103	STATE TAX	\$8.34
05/13/08	413103	OCCUPANCY TAX	\$9.73
05/14/08	413194	VS *6947	(\$1,576.64)
		** BALANCE **	\$0.00
EXPENSE REPORT SUMMARY			
	05/04/08	5/5/2008	5/6/2008
ROOM & TAX	\$157.07	\$157.07	\$157.07
TELEPHONE	\$0.00	\$0.00	\$0.00
MISCELLANEOUS	\$0.92	\$0.00	\$0.92
OTHER	\$0.08	\$0.00	\$0.08
DAILY TOTAL	\$158.07	\$157.07	\$158.07

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account no	date of charge	folio/check no
		114460 A
card member name	authorization	initial
establishment no and location	purchases & services	
	taxes	
	tips & misc	
signature of card member	total amount	
X		0.00

4400 SOUTH FIRST STREET LUFKIN, TX 75901 TELEPHONE 936-699-2500 FAX 936-699-2535		official sponsor U S Olympic Team	
STORY, JACQUALEE X LUFKIN, TX 75904		name address room number arrival date departure date adult/child room rate	
		211/KXTY 05/04/08 4:36PM 05/14/08 8:49AM 1/0 139.00	
If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution		RATE PLAN LVO HH# AL: CAR:	
CONFIRMATION NUMBER : 88360394 05/14/08 PAGE 3		Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. I have requested weekday delivery of USA TODAY. If refused, a credit of \$ 75 will be applied to my account. In the event of an emergency, I, or someone in my party, require special evacuation due to a physical disability. Please indicate yes by checking here <input type="checkbox"/>	
		signature:	
date	reference	description	amount
		05/08/08 5/9/2008 5/10/2008 5/11/2008 ROOM & TAX \$157.07 \$157.07 \$157.07 \$157.07 TELEPHONE \$0.00 \$0.00 \$0.00 \$0.00 MISCELLANEOUS \$0.00 \$0.00 \$0.00 \$0.00 OTHER \$0.00 \$0.00 \$0.00 \$0.00 DAILY TOTAL \$157.07 \$157.07 \$157.07 \$157.07	
		05/12/08 5/13/2008 STAY TOTAL ROOM & TAX \$157.07 \$157.07 \$1,570.70 TELEPHONE \$3.94 \$0.00 \$3.94 MISCELLANEOUS \$0.00 \$0.00 \$1.84 OTHER \$0.00 \$0.00 \$0.16 DAILY TOTAL \$161.01 \$157.07 \$1,576.64	
for reservations call 1.800.hampton or visit us online at www.hampton.com			
account no VS *6947		date of charge 5/11/2008	folio/check no 114460 A
card member name STORY, JACQUALEE		authorization 09783C	initial
establishment no and location		purchases & services	
		taxes	
		tips & misc	
signature of card member X		total amount	-1,576.64

thanks.



5/20/2008 6:41:54

THAING02

COMPANY : 001 NINTENDO OF AMERICA INC.
 SESSION : 0074144 REFERENCE : NOA E ACCTG PERIOD : 02 - 2009

VENDOR NAME FACTOR	INTERNAL ID INVOICE NUMBER	INV DATE DUE DATE	APPROVE ROUTE	ADDR TERMS	INV TYP	SEP PAY PYM TYP	INVOICE AMOUNT
Jon Pedersen	001 - 090201724	5/14/2008	RTHOMPSO-5	REMIT		0	700.39 USD
4040 DIRECT DEPOSIT	EXP05/06-08/08	5/15/2008	EXP	01	1	51	

ACCOUNT	USE TAX	PO/LINE	TYPE	AM#	PRJ/PROFRT	DIST AMT
21 001-4040-75025 Ground Transportation						280.73
21 001-4040-75020 Lodging						359.34
21 001-4040-75030 Meals						30.02
21 001-4040-75070 Mileage Reimbursement						30.30

*** NO INVOICE ERRORS DETECTED ***

+ AIR 1026.29
 1726.68

Expense Report
Nintendo of America Inc.
(2008)

Employee Name			Mailing Address		Purpose of Trip						Period Covered		Mileage		Department Code		
Jon Pedersen					Trip with Legal Dept to TX <i>And escape trial</i>						From	Through	Rate	\$0.505	001-4040		
Date	Location	Air / Rail	Taxi, Limo, Car Rental	Hotel	Breakfast	Lunch	Dinner	Entertainment (Itemize Below)	Telephone	Tips	Description	Mileage Amount	Miles	Other Auto Parking / Tolls	Miscellaneous	Daily Totals	
5/6/08	Seattle/Houston	✓ \$1,026.29		✓ \$179.67	✓ \$7.10	✓ \$4.22						\$15.15	30			\$1,232.43	
5/7/08				✓ \$179.67								\$0.00				\$179.67	
5/8/08			✓ \$247.32		✓ \$5.52	✓ \$1.73	✓ \$11.45					\$15.15	30	✓ \$33.41		\$314.68	
												\$0.00				\$0.00	
												\$0.00				\$0.00	
												\$0.00				\$0.00	
												\$0.00				\$0.00	
												\$0.00				\$0.00	
												\$0.00				\$0.00	
												\$0.00				\$0.00	
												\$0.00				\$0.00	
												\$0.00				\$0.00	
												\$0.00				\$0.00	
												\$0.00				\$0.00	
												\$0.00				\$0.00	
												\$0.00				\$0.00	
												\$0.00				\$0.00	
												\$0.00				\$0.00	
												\$0.00				\$0.00	
												\$0.00				\$0.00	
Totals		\$1,026.29	\$247.32	\$359.34	\$12.62	\$5.95	\$11.45	\$0.00	\$0.00	\$0.00		\$30.30	60	\$33.41	\$0.00	\$1,726.68	
Date	Entertainment: - To entertain non-NOA personnel for business purposes - List the Name of Guest(s), Title, Company, Business Purpose											Amount	Total Expenses				
													\$1,726.68				
													Less expenses billed directly Airfare / Car Rental				
													\$1,026.29				
													Less Travel Advance and / or Prepaid Hotel Costs				
													Employee Reimbursement Amount				
													\$700.39				
													Balance due Company (attach check)				
													Employee Signature				
													Date				
													5-13-08				
													Approved By				
													Date				
													5/14/08				
													Approved By				
													Date				

Tape receipts onto an 8 1/2 x 11 sheet of paper, with all receipts facing in the same direction, vertically with all corners taped down
Phone bills, hotel bills or anything else that is already on 8 1/2 x 11 or slightly smaller, do not tape those onto another sheet of paper
Arrange the receipts in order by date.
Do not use staples, except for one to hold everything together.
Use (Yellow) highlighters only when absolutely necessary

RECEIVED

MAY 14 2008

ACCOUNTS PAYABLE

(Rev. 2/12/08)



4400 SOUTH FIRST STREET

LUFKIN, TX 75901

TELEPHONE 936-699-2500

FAX 936-699-2535

official sponsor U.S. Olympic Team



PEDERSON, JON

name
address

LUFKIN, TX 75904

room number.
arrival date
departure date:208/KXLX
05/06/08 6:39PM
05/08/08 10:59AMadult/child:
room rate1/0
159.00

If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution

RATE PLAN
HH#
AL:
CAR:

LVO

CONFIRMATION NUMBER : 88270605

05/08/08 PAGE 1

Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. I have requested weekday delivery of USA TODAY. If refused, a credit of \$ 75 will be applied to my account. In the event of an emergency, I, or someone in my party, require special evacuation due to a physical disability. Please indicate yes by checking here ☐

signature:

date	reference	description	amount
05/06/08	411909	GUEST ROOM	\$159.00
05/06/08	411909	STATE TAX	\$9.54
05/06/08	411909	OCCUPANCY TAX	\$11.13
05/07/08	412074	GUEST ROOM	\$159.00
05/07/08	412074	STATE TAX	\$9.54
05/07/08	412074	OCCUPANCY TAX	\$11.13
05/08/08	412162	AX *1000	(\$359.34)
** BALANCE **			\$0.00
EXPENSE REPORT SUMMARY			
		05/06/08 5/7/2008 STAY TOTAL	
ROOM & TAX		\$179.67 \$179.67	\$359.34
DAILY TOTAL		\$179.67 \$179.67	\$359.34

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account no. AX *1000	date of charge 5/6/2008	folio/check no. 114463 A
card member name PEDERSON, JON	authorization 580831	initial
establishment no. and location	purchases & services	
	taxes	
	tips & misc	
signature of card member X	total amount	-359.34

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thanks.